## PATENT APPLICATION FEE DETERMINATION RECORD

ctive December 8, 2004

Application or Docket Number

10/533574

| CLAIMS AS FILED - PART I  |  |   |   |                                      |                                       |                  |            | 7,70,71      |  |            |                     |                        |
|---|--|---|---|--------------------------------------|---------------------------------------|------------------|------------|--------------|--|------------|---------------------|------------------------|
|   |  | · ·                                       | (Colur  |                                      | (Column 2)                            |                  |            | SMALL EN     | ITITY  | OF         | OTHE                | R THAN<br>ENTITY       |
| U.S. NATIONAL STAGE FEES  |  |   |   |                                      |                                       |                  |            | RATE         | FEE  | 7          | RATE                |                        |
| BASIC FEE   |  |   | SMALL EN  | T. = \$ 150                          | LARGE ENT. = \$ 300                   |                  | 1          | BASIC FEE    | <del>                                     </del> | ٦,,,       | <b>———</b>          | FEE                    |
| EXAMINATION FEE .   |  |   | Satisfies PCT   |                                      | All other situations =                |                  | 1          | EXAM, FEE    | <del> </del>                                     | -          | BASIC FEE           | 300                    |
| SE  | ARCH FEE                                       | U.S. is ISA =                             | (4) = \$50 / \$100<br>U.S. is ISA = \$50 / \$100<br>ALL other countries = |                                      | \$ 100 / \$ 200<br>other situations = | +                | CAMI, PEE  | <del> </del> | -  | EXAM. FEE  | 200                 |                        |
| _   |  |   | \$ 200 / \$ 400   |                                      | \$ 250 / \$ 500                       |                  | SEARCH FEE |              | _  | SEARCH FEE | 400                 |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |   | mir   | minus 100 =                          |                                       | / 50 = _         |            | X \$ 125 =   |  |            | X \$ 250 =          | 1                      |
| TO  | TAL CHARGEA                                    | 1 / 8 m                                   | inus 20 =   | *                                    |                                       |                  | X \$ 25 =  |              | OR   | X \$ 50 =  |                     |                        |
| IND   | EPENDENT C                                     | LAIMS                                     | . / n   | ninus 3 =                            | •                                     |                  |            | X \$ 100 =   |  | OR         | X \$ 200 =          | 1                      |
| -   | LTIPLE DEPEN                                   |   | 1   | +\$ 180 =                            |                                       | OR               | + \$ 360 = | <del> </del> |  |            |                     |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |   |                                      |                                       |                  |            | TOTAL        |  | OR         | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST   |  |   |   |                                      |                                       |                  |            | SMALL E      | ENTITY   | OR         | OTHER<br>SMALL E    |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |   | HIGHE<br>NUMB<br>PREVIO<br>PAID F    | ER<br>USLY                            | PRESENT<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>FEE                           |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                   |                                       | E                |            | X \$ 25 =    |  | OR         | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus   | ***                                  |                                       | =                |            | X \$ 100 =   |  | OR         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                      |                                       |                  |            | +\$ 180 =    |  | OR         | + \$ 360 =          |                        |
|   |  |   |   |                                      |                                       |                  |            |              |  | or         | TOTAL ADDIT.<br>FEE |                        |
|   |  | (Column 1)                                |   | (Colum                               | n 2\                                  | (Column 3)       |            |              |  |            | ·                   |                        |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·   | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO | ST<br>ER<br>JSLY                      | PRESENT<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>FEE                           |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                   |                                       | = .              | ſ          | X\$25=       |  | OR         | X \$ 50 =           |                        |
| AMENDM  | Independent                                    | •   | Minus   | ***                                  |                                       | =                | 1          | X \$ 100 =   |  | OR         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                      |                                       |                  | ı          | + \$ 180 =   |  | OR         | + \$ 360 =          | <del></del>            |
|   |  |   |   |                                      |                                       |                  |            |              |  | OR L       | TOTAL ADDIT.<br>FEE |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" th THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                                      |                                       |                  |            |              |  |            |                     |                        |